

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Marie Viduya (ARCH)	CHAPTER 100.1
Address: 94-1177 Halelehua Street, Waipahu, Hawaii 96797	Inspection Date: June 8, 2021 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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STATE LICENSING

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:  Documentation of primary care giver's assessment of resident upon admission;  <u>FINDINGS</u> Resident #1 – No documented evidence of primary care giver's assessment of resident upon readmission.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Note Entry / documented Primary Caregiver's assessment of resident upon re-admission.</i></p>	<p style="text-align: right;">6/21/2021</p> <p style="text-align: right;">21 JUN 25 18:25 STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (h)(1) Miscellaneous records:  A permanent general register shall be maintained to record all admissions and discharges of residents;  <u>FINDINGS</u> Resident #1 – Permanent general register did not reflect the resident's discharge and readmission into facility.	<p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"> <i>late entry / completed and recorded discharge and re-admission information in Permanent General register and in resident Health chart.</i> </p>	<p style="text-align: right;"><i>6/21/2021</i></p>

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Licensee's/Administrator's Signature:

*[Signature]*

Print Name:

ROSE VIDUYA

Date: June 21, 2021

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